

Prescription Fax Form

Physician: Please fully complete steps 1 to 4 below to help ensure timely processing of your patients prescription. The confirmation that you receive on your fax machine should serve as your receipt that we have received your fax.
Questions? Call Customer Service at 1 888-EASYRX1 (1 888-327-9791).

Washington State DSHS Group: **MAA** Subgroup: 2507850 For use with Medicaid Prescriptions only

56789



STEP 1: Fill in Patient information below.

**Patient Identification
Code (PIC):**

Patient Information (card holder):

Name:(First) _____ (Last) _____ **DOB:** _____

Address: _____

City _____ **State** _____ **Zip Code** _____ **Phone** _____

Note: The identification code may contain characters, numbers, hyphen, apostrophe and spaces. Please indicate in appropriate box. If a space, leave the box blank.

STEP 2:

Confirm your office's secure fax #.
Check the box to indicate a change,
and write in the correct #.

☐ New fax #:

STEP 3:

Complete for new patients or for
patients with changes in health.

Please check all that apply:

Allergies:

- ☐ None ☐ Sulfa ☐ Penicillin
☐ Aspirin ☐ Codeine ☐ Iodine

Medical Conditions:

- ☐ Heart ☐ Asthma ☐ High B.P.
☐ Ulcer ☐ Glaucoma

Other _____

STEP 4: Please tape the prescription from your prescription pad here.

Fax the completed form to: 1-800-837-0959

TAPE PRESCRIPTION HERE

Please confirm you have included:

On this form:

- Patient Identification Code

On the prescription:

- Patient's Full Name
- Patient's Date of Birth
- Date Prescription Written
- Your Signature



Washington State
Department of Social
& Health Services

